



# Arkansas Secretary of State

**Charlie Daniels**

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FILE #: \_\_\_\_\_  
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## Application for the Registration of Limited Liability Limited Partnership (Please Type or Print)

**Business Services Division**  
State Capitol Building  
Little Rock, Arkansas  
72201-1094

1. The name of the Limited Liability Limited Partnership is: \_\_\_\_\_  
\_\_\_\_\_
2. The street address of the principal office of the Limited Liability Limited Partnership is: \_\_\_\_\_  
\_\_\_\_\_
3. The name and Arkansas street address of the agent for service of process for the Limited Liability Limited Partnership is: \_\_\_\_\_  
\_\_\_\_\_
4. The general character of business to be transacted in the State of Arkansas is: \_\_\_\_\_  
\_\_\_\_\_
5. The Limited Partnership Agreement permits the Limited Partnership to become a Limited Liability Limited partnership;  
**or**  
If the Limited Partnership Agreement does not provide for the Limited Partnership to become a Limited Liability Limited Partnership so that this change was made with the approval (i) by all general partners, and (ii) by the limited partners, or by each class or group of limited partners, and in either case by limited partners who own more than fifty percent (50%) of the current percentage or other interest in the profits of the limited partnership owned by all of the limited partners or by the limited partners in each class or group.
6. The partner(s) acknowledges that he/she is authorized to execute the application:

Signed \_\_\_\_\_ (Partner) \_\_\_\_\_ (Date)

### **AFFIDAVIT**

Subscribed and sworn to before me, a Notary Public, within and for the county of \_\_\_\_\_, and  
the State of Arkansas this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

My commission expires: \_\_\_\_\_ Notary Public